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1754
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TO: U. S. Patent and Trademark Office
Technology Center 1700
Attn: Examiner, Timothy C. Vanoy
Art Unit: 1754

FAX NO.: (703) 872-9306

DATE: March 31, 2004

FROM: Carol G. Mintz

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CLIENT NO.: 1856-09501

TOTAL NUMBER OF PAGES (INCLUDING THIS ONE) 16

COMMENTS: Re: U.S. Patent Application No. 10/024,167
Filing Date: December 18, 2001
Applicant: Alfred E. KELLER

The following documents are attached for filing:

- Transmittal Form (PTO/SB/021) (1 p.)
- Fee Transmittal for FY 2004 (1 p.)
- Terminal Disclaimer (1 p.)
- Amendment and Response to Office Action of January 6, 2004 (12 p.)

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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123049.01/1856.09501

PTO/SB/21 (08-03)

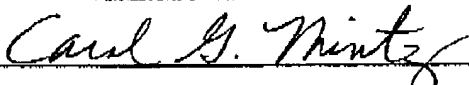
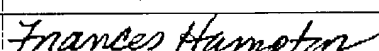
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/024,167
		Filing Date	December 18, 2001
		First Named Inventor	Alfred E. Keller
		Art Unit	1754
		Examiner Name	Timothy C. Vanoy
Total Number of Pages in This Submission	*	Attorney Docket Number	1856-09501

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): • Facsimile Cover Sheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Or Individual Name	Carol G. Mintz, PTO Reg. No. 38,561		
Signature			
Date	March 31, 2004		
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Typed or Printed Name	Frances Hampton		
Signature		Date	March 31, 2004

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